

1

Using High-Quality Research to Improve Child Protection Practice: An Overview

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Each year in the United States, nearly 900,000 children are physically harmed or neglected by their caretakers, and approximately 1,300 of them die.¹ In addition, a little more than a half million children live in foster care—a living arrangement that includes families previously unknown to the child, relatives, and various forms of group and residential care.² Given the well-known problems associated with foster care, in combination with the abuse or neglect itself, it is little wonder that these children have an elevated incidence of poor school achievement, school dropout, mental health problems, arrests, teen pregnancies, and other afflictions.³ The number of child victims may vary from year to year, but it is a brute fact of the human condition that some adults caring for children harm them. The United States, responding to this grim reality, has evolved what on paper looks to be a reasonable federalist system for protecting children. The purpose of this volume is to use information from a landmark new study to describe how this system works and to suggest specific ways that those working in the system can use it to improve their practice and thereby improve the odds that these most unfortunate children will grow up to lead happy and productive lives.

The nation's child protection system has several major components and features. The first is mandatory reporting laws—written by and enforced in every state—that require various professionals who have contact with children, such as doctors, nurses, and teachers, to report incidents of suspected abuse or neglect.

Professionals who do not report their suspicions are generally subject to penalties. The second component is programs, which are operated by every state or are under the authorization of state government, that investigate these reports, determine whether children have actually been subjected to abuse or neglect, and make several determinations about what to do if abuse or neglect is confirmed. A third component of the system is a somewhat haphazard set of services that aims to help abusive families and their children. As established in federal and state statutes, the goals of the child protection system are to maximize child safety, keep children in permanent living arrangements, and promote the development of children in its care. In pursuing these goals, the public child welfare agency first must decide in confirmed cases of abuse or neglect whether it would be safe to leave the child with the child's family or whether the child should be removed and placed in a foster care home, often with a relative. If children stay at home, the agency has to determine whether to provide services. If children are placed outside their homes, the agency must make reasonable efforts to reunify them with their families, unless the situation is so dire that reunification would not be reasonable. If these efforts fail, the agency must make permanent arrangements in as timely a fashion as possible. In most cases of this type, adoption is the preferred option. These various and complex decisions about the child, which sometimes turn out to be life-and-death matters, are made by social workers, who often have caseloads of twenty or more children. The courts then review the decisions.⁴ The entire child protection system—from reporting, to investigating reports, making placement decisions, obtaining services, and maintaining the court system—is paid for by a combination of federal, state, and local resources. Federal funds flow from Title IV of the Social Security Act, which establishes the outline of the federalist system and provides approximately \$7 billion per year to states that agree to abide by the federal rules specified in Title IV and in the Child Abuse Prevention and Treatment Act, as well as in various regulations, administrative guidelines, and review systems.

If this system looks somewhat reasonable on paper, in practice it has flaws that are widely recognized. These include inadequate training of the professionals running the system, a shortage of high-quality foster homes, a shortage of effective intervention programs to provide needed services, a dearth of prevention services, an abundance of paperwork, and a somewhat ineffective, though improving, system of accountability.⁵ Both the federal government and the states have attempted on many occasions to address these and similar issues, sometimes with modest success, sometimes with less.

Congressional Approval of a National Study of Child Protection

During the highly partisan debate on welfare reform in 1995–96 that led to sweeping reforms of many welfare programs, a bipartisan agreement, primarily

between Republicans on the House Ways and Means Committee and then senator Daniel Patrick Moynihan of the Senate Finance Committee, resulted in the appropriation of \$6 million per year for seven years to mount a representative national survey of children in the child protection system. The text of the legislation, which passed as part of the 1996 welfare reform law, instructed the Department of Health and Human Services to conduct a study that followed children in the child protection system for several years to discover how their cases were handled by the system, whether they were removed from their homes, what types of services they and their parents received, what were their developmental outcomes, and whether measures of the way cases were handled and services obtained were related to developmental outcomes. Congress in general, and the House Ways and Means Committee in particular (where the original provision authorizing the study was written), was especially interested in two types of results from the survey. First, based in part on testimony received by the Human Resources Subcommittee of Ways and Means over several years, the view of Congress was that there were too few high-quality, large-scale studies of the nation's child protection system. Thus one goal of the study was to provide an overall picture of how the nation's child protection system works by studying a large representative sample of children and families exposed to the system. Such a study could provide reliable answers to fundamental questions about the nation's child protection programs:

- When a case of abuse or neglect is confirmed, what percentage of children remains at home?
- What percentage enters foster care?
- How often is foster care provided by kin?
- How long do children stay in foster care?
- How many different placements do children experience over time?
- Do children or families receive services, and, if so, what types of services?
- Do the services produce good outcomes?

These and other basic questions could be answered, at least in part, by a national survey that would supply abundant national information about child protection that had not been previously available.

A second goal of the study was to learn something about child outcomes. At the time of the 1996 legislation, federal statutes specified that the goals of the child protection system were to preserve child safety and to achieve permanent placements—whether with the family or through adoption—as quickly as possible. But members of Congress and the Clinton administration were concerned about promoting child well-being as well as achieving safety and permanency. Reforms of the child protection system enacted in 1997, combined with the subsequent regulations and especially the new federal review system implemented after the 1997 reforms, established the promotion of child well-being as an important goal of the child protection system. Thus Congress approved funds

for the national study for two major reasons: members wanted to know whether the placements of children and the services they received influenced their growth and development, and they wanted reliable data on this and related questions for the nation as a whole and for as many states as possible. Under the strict rules of social science, a survey cannot establish whether the placements or services received by children are causally related to child outcomes, but the correlations between placements and outcomes might be suggestive and might raise issues for further research that could establish causality. In Congress, research methodology and determinations of causality are not a major concern—in reality, for members of Congress and their staffs, correlation is often considered as causation, regardless of the obscure rules of social science.

As it often does, Congress gave the Department of Health and Human Services wide latitude in conducting the study. More specifically, the secretary was directed to conduct “a national study based on random samples of children who are at risk of child abuse or neglect.”⁶ The secretary was also required to ensure that the study was longitudinal (meaning that the same children and caretakers had to be followed over time) and that it yielded data that were reliable for as many states as possible. The secretary was also required to consider collecting data on the type of abuse or neglect involved; the frequency of contact of the child and family with state or local agencies; whether the child was separated from his or her family; the number, type, and characteristics of out-of-home placements; and the average duration of placements.⁷

The Department of Health and Human Services after extensive consultation with experts in child protection research, policy, and practice convened an internal work group to plan for the study. Decisions by this work group led to two of the more innovative features of the study. First, the group decided that rather than focusing only on children who were served in the child protection system the study should provide a broad overview of children’s experiences both before entering the system and then once inside the system, so that pathways from an initial report of maltreatment to long-term outcomes could be explored. This decision meant that the study would include not only children who were placed in foster care or who received other child welfare services but also those who had been reported to child protective services (CPS) without the report of their maltreatment being substantiated, as well as children who remained at home even if their reports were substantiated.⁸ Second, the work group decided that the study should emphasize a broad range of developmental outcomes and measures of how children were functioning in day-to-day living. In this respect, the study reflects what seems to be a growing emphasis among policymakers on the development of children in the child protection system.

Description of the National Survey of Child and Adolescent Well-Being

After the internal group studied the legislation and wrote a request for proposal (RFP) based on the statute, the Department of Health and Human Services sought bids to conduct a national survey that met the requirements set out by the RFP. The Research Triangle Institute won the competition for the contract and has been the primary agent responsible for collecting the complex and comprehensive data called for by the RFP (see the appendix for an overview of all the measures collected). The study was named the National Survey of Child and Adolescent Well-Being (NSCAW).

NSCAW includes two samples of children: the CPS sample of 5,501 children and the One Year in Foster Care sample of 727 children. The CPS sample is representative of all children in the United States who were the subjects of investigations or assessments of child abuse or neglect conducted by CPS agencies during the fifteen-month period that began in October 1999. Some of the children and families selected for the samples may have had prior experience with CPS or child welfare services.

Both samples were selected using a two-stage stratified sample design. At the first stage, primary sampling units were selected, which were defined as geographic areas encompassing a population served by a single CPS agency. In most cases, these sampling units represented single counties, although there were instances in which some large counties contained multiple sampling units and small, contiguous counties made up a single unit. The sample units were randomly selected using a procedure that gave a higher chance of selection to units having larger caseloads. A few counties that were anticipated to have caseloads too small to provide an adequate workload for a single field interviewer were excluded from the sample (these counties are estimated to contain less than 3 percent of the child welfare population).

The first-stage sample resulted in the selection of 100 sampling units. Seven of these were determined to be very small and were combined with adjacent counties for the study. Of the original 100 sampled units, only six refused to participate in the study and were replaced by randomly selected units of approximately the same size. Eight counties were dropped after the onset of data collection because their laws did not permit contact with study staff without explicit consent—a restriction that would result in an unacceptably low response rate. These counties were not replaced. Thus the final sample comprised 92 sampling units, representing 97 counties.

The second-stage sample was composed of children selected from the 92 sampling units. The frame for selecting children for the CPS sample within

sampling units was constructed from lists of children who were investigated for child abuse or neglect during the months October 1999 through December 2000. Sampling domains were constructed that allowed for the inclusion of children in out-of-home care, children receiving child welfare services at home, and children not receiving child welfare services following the investigation. The sample was selected to provide an oversample of infants, sexually abused children, and children receiving child welfare services.

The sampling frame for the One Year in Foster Care sample was also constructed from lists obtained from the participating agencies located in the 92 primary sampling units. Children were eligible for this sample if they met the following criteria:

- they had been placed into out-of-home care approximately one year before the sample selection period,
- their placement into out-of-home care had been preceded by an investigation of child abuse or neglect or by a period of in-home services, and
- they were still in out-of-home care when the sample was selected.

The foster care sample selection period was December 1999 through February 2000. In many sampling units, the number of children available during the original time period was found to be too small to support the sample sizes required. As a result, the window of inclusion was extended in those sampling units to include children who were placed in out-of-home care between July 1998 and February 1999. As a result of this procedure, children in the foster care sample had spent between eight and twenty months in out-of-home care at the time of sampling.

Data were collected from four sources: the children themselves, their primary caregivers, their caseworkers, and, for school-aged children, their teachers. Extensive information was obtained from standardized assessments and interviews that covered children's health; children's social, emotional, behavioral, and cognitive functioning; caregiver characteristics and caregiving environment; and services needed and received (see the appendix). Data were collected at baseline (wave 1) and at twelve months (wave 2), eighteen months (wave 3), and thirty-six months (wave 4) after the baseline data collection.⁹ All children with a completed interview at wave 1 were contacted for participation in subsequent waves. Agency-level contextual data were collected from state and county child welfare administrators at baseline. The complex design of NSCAW allows for more sophisticated statistical procedures than those that have traditionally been used in child welfare analyses. These statistical procedures include multilevel modeling, growth curve modeling, and various multivariate analyses. Some of these procedures are featured in this volume.

After Congress had appropriated funds for NSCAW, the National Institute of Mental Health decided to fund a companion study, *Caring for Children in Child Welfare (CCCW)*, that obtained information on the characteristics, policies, and

practices of the state and local institutions that deal with the physical and mental health needs of children involved with the child welfare system. This study was conducted in the same locations where the NSCAW sampling was done to permit the analysis of the relationship between services received by children and the characteristics, policies, and practices of the child welfare system and the institutions responsible for providing health services to the public. The contextual information was gathered primarily from written documents about local institutions and from interviews with 1,169 informants at the state and local levels who answered questions about relationships between agencies; the organization, financing, and policies regarding children in CPS; the policies of the child protection agency concerning screening, assessment, and monitoring; and CPS training and placement policies. Several of the chapters in this volume make use of the CCCW study.

This volume is the first collection of studies reporting on the nationally representative information available from NSCAW. The papers are divided into three sections representing three distinct types of information about the nation's child protection system. These include three chapters that describe problems of children and their families, four chapters that examine the services and intervention programs received by families, and six chapters that focus on outcomes for children. We turn now to a brief overview of each of these chapters.

Child and Family Problems

Research shows that children with disabilities do better when they receive treatment at an early age.¹⁰ Steven Rosenberg and his colleagues aim to determine how many children under the age of three with a confirmed case of abuse or neglect are likely to be eligible for services through Part C of the Individuals with Disabilities Education Act. The authors used the NSCAW sample to estimate how many children have disabilities that qualify them for Part C services. In the first stage of the analysis, based on the nationally representative NSCAW sample of 1,138 cases of children under the age of three with substantiated cases of maltreatment, they estimated that there were about 156,000 children under the age of three in the nation with a substantiated abuse case. Next, using the measures of development from NSCAW, the authors estimated how many of these young children had a developmental delay that would qualify them for Part C services. NSCAW contains three measures of development that can be used to determine what share of abused and neglected children under the age of three qualify for Part C. These measures include a test of cognitive ability, a scale for preschool language ability, and a scale that measures how adequately children perform tasks of daily living. The authors followed the eligibility criteria for Part C services that are based on a child's performance that is 1 standard deviation below average on two of three tests or 1.5 standard deviations below

average on one test. They found that a surprising 47 percent of the NSCAW sample of children younger than age three had a developmental delay that would qualify them for Part C services. They estimated that at least 58,000 children in the CPS system were likely to have been eligible for Part C services in 2000, but because few of these children were identified as having developmental problems by their caseworkers, it was unlikely that they were referred for Part C services.

If children with substantiated cases of abuse or neglect, all of whom are at high risk for long-term developmental problems, are going to receive timely services for developmental problems, a major national effort is needed to correctly identify these nearly 58,000 children and then to ensure that the child protection system works with the Part C system to obtain the required services. It is quite troubling that many of the children who likely would be entitled to developmental services under Part C were not receiving them. Rosenberg's results amount to a call for national action.¹¹

In addition to developmental disabilities, another problem faced by children in the child protection system is that they often live in families in which intimate partner violence occurs. This violence between adults is correlated with the probability that children will also be the victims of maltreatment. Yet there is relatively little information about how many families involved with the child welfare system are also experiencing intimate partner violence. Using the nationally representative NSCAW data set, Andrea Hazen and her colleagues found that about 45 percent of the female caregivers in families involved with child welfare services have experienced intimate partner violence in their lifetime and nearly 30 percent in the past year, approximately twice the rate of violence for the general population. Victimization is correlated with major depression in the female caregiver and with a history of prior reports of child maltreatment. Adult violence is also correlated with both externalizing and internalizing behaviors by exposed children. The authors recommend training of child protection workers so that they can recognize family violence and recommend quality treatment programs to reduce the violence and deal with its aftermath in children.

Intimate partner violence is not the only indicator that children might be at risk for maltreatment. Aron Shlonsky uses NSCAW to perform the initial steps in trying to build an actuarial instrument, based on characteristics of the child or family, such as violence within the family, that will predict whether children will be reabused if left at home. An instrument that can predict reabuse would be of substantial value to child protection workers who decide on child placement. NSCAW presents the first opportunity to build an instrument that is based on a nationally representative sample of child protection cases. To perform the initial calculations, Shlonsky divided the sample of 5,501 NSCAW cases into two groups using one group to construct the risk assessment tool and the other to validate the tool. To be included in the initial sample, children had to

have the NSCAW risk assessment instrument completed at baseline and had to have remained in the study for the twelve-, twenty-four-, and thirty-six-month follow-up assessments. From this group, he randomly selected 2,401 to use in developing the risk assessment tool.

The model building consisted of computing bivariate correlations between each of the predictor variables and instances of re-reports and correlations between each of the predictor variables and instances of resubstantiation. The thirty-four predictor variables from the NSCAW risk assessment instrument included case factors such as prior history of report, child characteristics such as age and race, and caregiver characteristics such as history of drug problems and domestic violence. Only eight predictors were significant at all three follow-up periods (twelve, twenty-four, and thirty-six months).

After further statistical analysis, the models that provided optimum prediction differed for prediction of re-report and prediction of resubstantiation. The former included child age, prior report of child welfare investigation of the family, history of domestic violence, a second supportive caregiver in the home, and high stress in the family. By contrast, the model for resubstantiation prediction included child age, poor parenting skills, and high stress in the family. Shlonsky then used a weighting scheme and computed scores for the families on each predictor in the models and summed these to reach a total risk index score. Finally, he found natural breaks in the distribution of scores to divide scores into risk categories that corresponded with low, medium, and high risk of reabuse.

As Shlonsky concludes, although more analysis remains, this initial attempt at building an actuarial model to predict reabuse is a promising beginning. In the long run, if Shlonsky or others can use NSCAW data to construct and validate a risk assessment instrument that improves caseworkers' ability to determine whether children are likely to be reabused if left at home, the child protection system would gain an important new tool that could improve its ability to protect children while keeping the number of children removed from their families to a minimum. Shlonsky makes the important point that, even when a risk assessment tool with good predictive powers has been developed, the assessment tool should not be used in a mechanical way as the sole determinant of placement decisions. Rather, its proper use is as a supplement to caseworker judgment.

Services and Interventions

In most child protection cases, even when maltreatment is substantiated, children remain at home with their parents. In a surprising share of these cases, as we will see, families receive no services other than, perhaps, visits from a caseworker. But when families do receive services, logic would suggest that parent training should be among the preferred offerings. After all, if parents are maltreating their children, they need a new set of parenting skills to replace those

that brought them to the attention of the child protection agency in the first place. Michael Hurlburt and his colleagues use NSCAW and the CCCW study to examine several questions about the use of parent training by child protection agencies. The authors review studies in the field of child mental health that used random assignment and that showed parent training to be an effective intervention for changing parent behavior as a means to improve the behavior of their children. Indeed, Hurlburt and his colleagues review evidence regarding three specific programs that have been shown by random assignment studies to produce significant changes in parent behavior. The authors conclude that parent training in many counties could benefit from using these programs or from incorporating principles common to the programs into existing parent training services.

They also report that the CCCW study shows that 90 percent of counties say that parent training is part of the case plan for half or more of their families. Despite this encouraging finding, less than 2 percent of counties use the three curricula shown by random assignment studies to be effective. Only about 40 percent of the families actually receive parent training in the year following referral to child welfare services, and even then in most cases for only fifteen hours or less, not enough according to the authors to achieve desired outcomes. In addition, there was virtually no evidence that child protection agencies took steps to ensure that the parent training delivered in community settings maintained fidelity to whatever parent program the agencies were implementing. Given these unfortunate findings, the authors provide detailed recommendations for actions that local agencies could take to increase their use of effective parent training programs.

Underlining the need for more and better parent training, Anne Libby and her colleagues examine the relationship between mental health and substance abuse problems of the caregiver on the one hand and mental health problems of the child on the other. A major finding is that children with parents who have mental health or substance abuse problems are themselves at greatly elevated risk for mental health problems. This relationship held even when a variety of background factors were statistically controlled. Equally interesting, the study yielded evidence, based on observations by caseworkers, that these mothers provided substandard parenting for their children, thereby in all likelihood setting up their children for subsequent mental health problems. This finding shows how important it is for child welfare programs to provide effective parenting services if children with parents who are involved with drugs or have mental health issues themselves are to avoid serious mental health problems as they grow up. It could prove difficult, however, to provide effective parenting help to such parents. The parents' problems mean that they need at least two types of services: mental health or drug programs for themselves and parenting improvement programs so

they can provide better care for their children. There is little evidence that such dual programs are available in most child protection programs.

One way to make these and other programs more widely available is to finance them through the Medicaid program. Ramesh Raghavan and Arleen Leibowitz investigate factors associated with coverage of mental health services for children in the child welfare system. Their research is timely because many states have adopted managed care plans as part of their Medicaid program and because nearly all children removed from their homes by child welfare agencies are covered by Medicaid. Thus changes in Medicaid have the potential to have important impacts on receipt of health services—including mental health services—by children in the nation’s child protection programs. Because children in the child protection system use far more physical and mental health services than other children, provider networks could lose money on these children, since managed care caps their reimbursement rates. In addition to the states’ adopting managed care plans, “carve-outs” for mental health services are another growing practice that have the potential to impact children in the child welfare system. Carve-outs refer to situations in which state agencies or their contractors sign subcontracts with providers that, in turn, assume responsibility for providing all mental health services. Whether these new health delivery structures will enable children in the child welfare system to receive the level of care they need is open to question.

The authors obtained data from three sources: from NSCAW, data on access to ambulatory and inpatient services by individual children in the child welfare system; from a telephone survey, conducted as part of the CCCW survey described above, of key NSCAW contacts from counties throughout the United States, descriptions of the type of Medicaid financing used by local child welfare agencies; and from the Area Resource File (ARF), a database of the number and type of health care and mental health providers in counties in the United States that is maintained by a private company under contract to the federal government. These three sources of data were merged into an integrated data set consisting of 3,460 children aged three and older. Children were judged to be in need of mental health services if they scored above sixty-three on the Child Behavior Checklist administered at baseline in NSCAW. Actual receipt of ambulatory and inpatient services was determined from the twelve-month follow-up interview.

Using multivariate methods, the authors found that, controlling for a wide variety of factors, children in managed care systems were not less likely than other children to receive ambulatory mental health services. However, children in counties using mental health carve-outs were only about half as likely to receive inpatient services controlling for need. Other factors related to receiving mental health care included the finding that children in out-of-home care were

more likely to receive mental health services, that uninsured children were less likely to receive ambulatory care (though not inpatient care), that children with highly educated parents were more likely to receive ambulatory services rather than inpatient services, and that children in counties with a relatively high number of child psychiatrists were more likely to receive ambulatory mental health services. The authors conclude that there are four levers that can be pulled to increase the chances that children in the child protection system will receive needed mental health services: aggressive caregivers who fight for their children's medical care, caseworkers who fight for services, insurance coverage, and an abundance of medical providers in the county of residence. Medicaid is simply one of a number of factors—albeit an important one—that determines receipt of needed mental health services for children in the child welfare system.

John Landsverk and his colleagues analyze the mental health problems of children in the child protection system and the institutional arrangements designed to meet their mental health needs. The authors' review of NSCAW data, plus numerous other studies in the literature, leads them to conclude that as many as half the children involved with the child welfare system have mental health problems that require treatment. Because mental health problems are so prevalent among these children, the authors recommend that the routine admission procedures for children entering the CPS system should include a full assessment of mental health and not just a screening assessment for mental health. They also recommend that a national authority develop guidelines for how this full assessment should be conducted and that CPS agencies have close institutional ties with the agencies that provide mental health services because these services are so important for the well-being of children involved with CPS. Finally, they note that most of the mental health services for these children are financed by the Medicaid program. As Raghavan and Leibowitz show in their chapter, Medicaid programs in many states are undergoing a transition to managed care. Given how important Medicaid is to children involved in child protection, the CPS agency should ensure that the children are adequately covered by the new managed care plans now emerging across the country.

Outcomes of Child Protection

Under the federal child protection legislation enacted in 1997 and the subsequent regulations and federal review system, child well-being joined safety and permanency as major goals of the nation's child protection programs. Thus it is especially timely for NSCAW to yield nationally representative data on outcomes produced by child protection programs. Even though child well-being is a major goal of CPS, the long-standing goal of achieving permanency is still of major importance. For most children removed from their homes because of maltreatment, permanency is achieved when the child is returned home.

Because family reunification is the single most common method of achieving permanency following an out-of-home placement, and because reunification is the outcome that nearly all those involved with child protection would most like to achieve if possible, studies of reunification are of prime importance. In the chapter by Judith Wildfire and her colleagues, NSCAW data is used to examine factors that predict reunification. Unlike most previous studies, the richness of the NSCAW data set allows the authors to examine the relationship between reunification and child characteristics, family characteristics, and actions by both child protection agencies and the parents themselves in trying to promote reunification. The Wildfire study is based on multivariate analyses that permit the authors to examine the relationship between individual predictors while holding other predictors constant.

Of the original NSCAW sample of 5,501 children, 1,568 had entered out-of-home placement at some point after eighteen months (half in foster homes or therapeutic foster homes, one-quarter with a friend or relative and the rest in group homes or other settings). By the end of eighteen months after placement, about 30 percent of these children had been returned home. The authors' goal was to identify the factors that predicted a return home. Given the findings of substantial age differences in factors related to reunification in previous studies, the authors conducted their analyses separately within six age groupings.

As expected, both the overall probability of reunification and the specific factors related to the child, family, and agency that predicted reunification varied dramatically by age. Infants under the age of seven months were the least likely to reunify, while children older than ten were the most likely. None of the specific measures within the three classes of predictors (child factors such as race and delinquency, family factors such as family violence and history of involvement with child protection, agency actions such as the type of placement and use of various services) yielded significant predictions at every age, but child characteristics and agency or parental actions had at least one predictor that was significantly correlated with reunification at every age. As the authors argue convincingly, this pattern of age-related differences strongly suggests that a one-size-fits-all approach to family reunification will not work. Rather it seems likely that child protection agencies must adopt strategies that are tailored to children's ages. By way of example, frequency of contact with the mother during the period of removal was an important predictor of reunification for children older than ten but not for children younger than ten.

Following on Wildfire's chapter examining factors related to permanency, the chapter by David Rubin and his colleagues is the first to report on the impact of placement stability on outcomes for a nationally representative sample of children entering out-of-home care. When children are placed in foster care, it is important to preserve the continuity of care they receive and to avoid, if at all possible, frequent moves to new foster care settings. The Rubin study, which

examined stability in the placement of more than 1,000 children who entered out-of-home care, is important because it reports findings directly relevant to this issue. The authors found that 67 percent of children placed outside their homes were still in placement after eighteen months, but only 34 percent of them had achieved early stability under the study's definition of stability. In addition, 47 percent were still in placement after thirty-six months, of whom 20 percent had had additional placements between eighteen and thirty-six months after removal. Equally informative, for only 34 percent of the entire sample of out-of-home placements had reunification been attempted by thirty-six months—and a quarter of these attempts had failed. Clearly, the nation's child welfare programs have difficulty either reunifying children with their parents or achieving stable placements outside the home for most children taken into state custody.

Rubin and his colleagues then analyze children's scores on a test of adaptive behavior and find that children who scored in the normal range at baseline were more likely to achieve successful reunifications or to achieve early stability in placement than were children who scored poorly on adaptive behavior. Thus children exhibiting problem behaviors have more difficulty achieving stability in out-of-home placements, although whether the problem behaviors cause placement instability or vice versa is unclear. In analyzing adaptive behavior as an outcome at thirty-six months, the authors find that placement stability has an important impact on scores. For example, of the children scoring in the normal range for adaptive behavior at baseline, 85 percent were still within the normal range at thirty-six months if they had achieved early stability compared with only 70 percent of children within the normal range who were reunified and only 60 percent who never achieved a stable placement. These results underline the importance of achieving stability, as intended by the 1997 child protection reforms, because stability is associated with better child outcomes.

While Rubin and his fellow researchers aimed to study the importance of achieving stable placements, Barth and his colleagues examined placements in kin and nonkin foster homes to understand how each setting affects child well-being. Child welfare practice and federal statutes and the statutes of many states show a preference for placements with relatives since connections with the child's family are preserved. Their study deepens our understanding of kinship foster care and its strengths and weaknesses. Unlike other studies of kinship care, the Barth study is based on a representative national sample (NSCAW). A major problem with most research comparing kin and nonkin foster parents is selection bias; that is, children placed with kin and nonkin parents may be different in important respects at the time of placement. If these preexisting differences are also related to outcomes such as length of stay, permanency, or child well-being, then differences in the outcomes for children in the two settings cannot be attributed to the effects of kinship or nonkinship care themselves.

Using a specialized technique, the authors are able to at least partially control for selection bias by matching as closely as possible characteristics of children in foster care with those of children in kinship care. Following this procedure, the Barth study found that children in kinship care improved more on their scores of acting out (that is, externalizing behavior) on the Child Behavior Checklist than did children in nonkinship care. However, all the other differences seen between children in the two settings on the full sample disappeared in the matched sample, demonstrating clearly that selection effects are present. This result shows why studies that simply compare groups of children in regular foster care and kinship foster care, without adjusting for selection bias, are seriously flawed and their conclusions suspect.

One finding of the Barth study deserves special mention: about one-fifth of the foster parents in the two settings were rated low in responsiveness and high in punitiveness. Numerous studies have shown that this combination signals serious problems in parenting and a high risk that children's growth and development will be negatively affected.¹² As the authors point out, only a minority of children in either setting received services. Thus the major hope for helping foster children is that the foster parents themselves, whether kin or nonkin, provide good parenting for these unfortunate and often traumatized children. The finding that in both settings parenting was ineffective and potentially damaging suggests that a major goal of child protection programs should be to offer kin and nonkin foster parents training in improved styles of parenting. Unfortunately, as shown by the Hurlburt study summarized above, few biological parents or foster parents receive any type of parent training, and most of the parent training programs being used by child protection agencies lack any evidence of effectiveness. A clear implication of several of the papers in this volume is that child protection agencies need to invest in evidence-based parent education programs for biological and foster parents.

The study by Patricia Kohl and Richard Barth also contains important recommendations for the improvement of child welfare practice. Kohl and Barth examined the frequency of re-reports of child maltreatment and the factors associated with them. Studying the 3,143 children who remained at home following the index maltreatment investigation, the authors found that nearly a quarter of these children have re-reports within eighteen months. This seemingly high rate of re-reports involving children already known to child welfare agencies shows that children remain at risk even after their families have initially been reported to child welfare authorities. The authors found several factors that are associated with a greater likelihood of re-reports, including the child's age (younger children are more likely to be the subject of re-reports), prior involvement with the child welfare system by the family, receipt of parenting services (in part because CPS agencies may ration parenting services by serving only the most serious cases, among other reasons), the presence of family violence, and the presence of

child behavior problems. As the authors note, and in line with Aron Shlonsky's attempt to develop a formal risk assessment instrument, these and other parent and child characteristics can be used by child protection workers to help predict which children are likely to be subject to further maltreatment after they have been reported to the child welfare system. Once cases with a high likelihood of reabuse are identified, families should be provided with services and should receive greater oversight by child protection workers. Kohl and Barth call attention to the system-wide financial constraints that limit oversight and services. Even so, they argue that the types of parenting services now provided by agencies are often not consistent with scientifically tested best practices. Better programs for parents could reduce the likelihood of reabuse and could improve children's prospects.

Kohl and Barth's finding that family violence predicts re-reports shows the importance of conducting more research on physical abuse. John Eckenrode and his colleagues examined the relationship between physical abuse and the occurrence of problem behaviors, psychosocial problems, and academic functioning in adolescents. The authors examined three sources of reports of abuse: caseworkers, caregivers, and the children themselves. Youths aged eleven and older at wave 1 ($N = 1,179$) were selected for the study. The importance of using multiple sources to detect abuse was demonstrated by the finding that about one-third of the cases (127 of 388) of physical abuse reported by one or more of the informants would have been missed if the measurement of abuse had been based only on case records. The reported incidence of abuse ranged from 9 to 27 percent among the three sources. A measure that combined the results from all sources suggested that as many as 40 percent of the youths were physically abused, a total that was nearly 50 percent higher than the highest rate (27 percent), which was reported by the youths themselves. Abuse was correlated with poor outcomes in all areas of youth behavior studied including problem behaviors, psychosocial functioning, and academic performance. Statistically significant correlations were found in all four waves, and the correlations were greatest at older ages. The reports by the youths were correlated with more outcomes than were those of caseworkers or parents. The Eckenrode study demonstrates the importance of caseworkers considering multiple sources for detecting physical abuse—especially the importance of interviewing the children themselves—and of improving treatment for the children and their families if long-term deleterious impacts on the children's development are to be avoided.

Perhaps even more important for avoiding negative impacts on the growth and development of children in the child welfare system is education in general and special education in particular. The chapter by Mary Bruce Webb and her colleagues explored the educational needs of these children and whether their educational needs are being met. The authors used two cognitive assessments and two tests of socioemotional behavior that were part of the standard

NSCAW child assessment battery to determine whether children were in need of special education. Caseworkers and caregivers provided information, again as part of the standard NSCAW assessment, on whether children had been referred for and had received special education services. The assessments showed that nearly 30 percent of the children met the study's criteria for needing special education services. Unfortunately, less than 60 percent of these children were actually receiving special education services. Thus around 40 percent of the children who were identified as needing special education were not receiving any services.

Like so many of the other findings produced by NSCAW, these results show that children in the child welfare system are being shortchanged. A major goal of the child welfare system is to promote child well-being. Although many social workers give their highest priority to ensuring safety—and with good reason—the federal statute and the statutes of nearly every state charge the child welfare system with taking the necessary steps to ensure children's adequate development. The federally mandated Child and Family Services Reviews, which have now incorporated the goal of meeting children's educational needs (along with the child's physical and mental health needs), are now being used to evaluate the child welfare program of every state. Statutes and a sense of equity for these children both dictate that the child welfare system improve its performance in making certain that children receive the educational services they need. The public schools must, of course, be part of this effort, especially because they too have legal mandates to serve children with special needs. But unless workers in the nation's child welfare programs take the lead, it seems likely that the educational needs of maltreated children will continue to go unmet.

The studies in this volume demonstrate that an important contribution of NSCAW has been to provide information that could enable researchers, policymakers, and practitioners to begin differentiating among the families and children who come into contact with the child welfare system. A more comprehensive understanding of children's developmental histories and trajectories, as well as of the links between the types of risks that are incurred by children and families in different circumstances and the subsequent outcomes for children, will enable providers to create or improve service systems that support the individual needs of the children they serve.

Lessons learned in this set of reports include the following:

—As many as 58,000 maltreated children qualify for federal Part C disability services. But only about 17,000 of these children are identified by child protection caseworkers as disabled. A national effort to connect all disabled children in contact with child welfare programs to appropriate early intervention services is needed. In mounting this effort, providers of early intervention services must understand that the special problems of parents in the child welfare system will require that parenting programs be tailored to the unique needs of parents.

—About 30 percent of the women involved with child welfare have been involved in intimate partner violence in the past year, and this violence is correlated with child abuse. Child protection workers should be trained to recognize intimate partner violence, and CPS programs should have programs for both the adults and children involved in family violence.

—About 90 percent of child welfare programs say their case plans for families include parent training. However, only about half the programs actually give parent training to even half their caseload. Moreover, the parent training that they offer could be improved substantially. In particular, counties should adopt or at least experiment with effective parent training curricula from children's mental health programs that have strong relevance to child welfare.

—Children whose parents have mental health or substance abuse problems are themselves likely to have mental health problems in part because their parents have poor parenting techniques. CPS programs should provide services to help parents with both their substance abuse and their poor parenting skills.

—Contrary to widespread concern, managed care does not seem to impede the ability of children in the child welfare system to obtain outpatient mental health services. Children in the child protection system are more likely to receive needed mental health services if they have parents or caseworkers who know how to insist that they get good care, if they have insurance coverage, and if they live in a jurisdiction with a large number of mental health providers.

—Nearly half the children in the child welfare system have mental health problems. Thus local programs should adopt the policy of conducting full mental health assessments of all children entering the child welfare system.

—Factors of the child, family, and agency that predict family reunification after the child has been removed vary greatly by age, suggesting that agencies must adopt reunification practices that are tailored to the age of the child.

—CPS is failing in most cases to achieve either family reunification or stable placements after children have been removed from their homes. Two-thirds of children removed from their homes are still in placement after a year and a half; half are still in placement after three years. Of the children removed from their families, only one-third are in stable placements by eighteen months. Policy-makers and practitioners at the state and local levels should make every effort to promote placement stability.

—When preexisting differences between children placed with kin and children placed with strangers are controlled, differences between the two types of placements after thirty-six months are negligible.

—Most children remain at home following the investigation of a maltreatment report. Of those who remain at home, about one-quarter will be the subject of further maltreatment reports within eighteen months. Children most likely to be the subjects of repeated maltreatment reports include those children who are young, whose families have previously been involved with the child

welfare system, who are in families in which violence between the adults is present, and who have behavior problems. Child protection agencies should target parents in families with these characteristics for services and should remain especially vigilant in taking steps to ensure that the families do not reabuse their children.

—In child maltreatment investigations, children, parents, and caseworkers are not equally likely to report physical abuse. Children are more likely to report physical abuse than parents or caseworkers, but the reported incidence of physical abuse rises by about 50 percent if positive reports of parents and caseworkers are added to those of children. CPS programs should evaluate all abuse cases reported by children, parents, or caseworkers to determine which ones should receive services.

—Physical abuse is correlated with poor outcomes in all areas of youth behavior including problem behaviors, psychosocial functioning, and academic performance. To uncover all cases of physical abuse, CPS workers must interview youths during their investigations.

Notes

1. Committee on Ways and Means, U.S. House of Representatives, *2004 Green Book: Background Material and Data on the Programs within the Jurisdiction of the Committee on Ways and Means*, 108th Cong., 2d. sess. (Washington: U.S. Government Printing Office, 2004), pp. 11–77.

2. Administration for Children and Families, U.S. Department of Health and Human Services, “The AFCARS Report, Preliminary FY 2005 Estimates as of September 2006 (13)” (www.acf.hhs.gov/programs/cb [December 15, 2006]).

3. Committee on Ways and Means, *2004 Green Book*, section 11.

4. Annie E. Casey Foundation, *The Unsolved Challenge of System Reform: The Condition of the Frontline Human Services Workforce* (Baltimore, Md., 2003), p. 36.

5. *Ibid.*

6. The authorizing language can be found in section 429A of the Social Security Act.

7. See the welfare reform law of 1996, “Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA),” Public Law (P.L.) 104–193, Section 503 National Random Sample Study of Child Welfare or Section 429A National Random Sample Study of Child Welfare of the Social Security Act.

8. The statute authorizing the study refers to including children “at risk of abuse or neglect,” so this decision by the study group was consistent with the intent of the statute.

9. A fifth wave of data collection, which will assess the children’s progress at five to six years after the baseline investigation, was begun in 2005 as new funding became available and is scheduled for completion in 2007. With the reauthorization of PRWORA (see note 7 above), funding was authorized through 2010.

10. Michael J. Guralnick, “Effectiveness of Early Intervention for Vulnerable Children: A Developmental Perspective,” *American Journal on Mental Retardation* 102, no. 4 (January 1998): 319–45.

11. Congress apparently recognizes the importance of ensuring that maltreated children receive Part C services. In both the Child Abuse Prevention and Treatment Act (recently

amended and reauthorized by the Keeping Children and Families Safe Act of 2003, P.L. 108-36) of 2003 and the most recent reauthorization of Individuals with Disabilities Education Act (P.L. 108-446) in 2004, provisions were included that required child protection agencies to refer children under the age of 3 who have substantiated cases of maltreatment for early intervention services under Part C.

12. Gayla Margolin and Elana B. Gordis, "The Effects of Family and Community Violence on Children," *Annual Review of Psychology* 51 (February 2000), 445-79; Alan J. Litrownik and others, "Long-Term Follow-Up of Young Children Placed in Foster Care: Subsequent Placements and Exposure to Family Violence," *Journal of Family Violence* 18, no. 1 (February 2003): 19-28.